
State:	District of Columbia	Filing Company:	Unum Life Insurance Company of America
TOI/Sub-TOI:	H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan		
Product Name:	STOP LOSS		
Project Name/Number:	STOP LOSS - 2019 DISCLOSURE UPDATE/		

Filing at a Glance

Company:	Unum Life Insurance Company of America
Product Name:	STOP LOSS
State:	District of Columbia
TOI:	H12 Health - Excess/Stop Loss
Sub-TOI:	H12.004 Self-Funded Health Plan
Filing Type:	Form
Date Submitted:	12/13/2019
SERFF Tr Num:	UNUM-132189507
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	UA STOP LOSS - 2019 DISCLOSURE UPDATE
Implementation	On Approval
Date Requested:	
Author(s):	Ellen Desrosiers, Julie Mader, Vanessa Vice, Michelle Gibbons, Mike Carpenter, Alix Adams, Scott Abbott
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia **Filing Company:** Unum Life Insurance Company of America
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General Information

Project Name: STOP LOSS - 2019 DISCLOSURE UPDATE Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 12/17/2019
State Status Changed: Deemer Date:
Created By: Julie Mader Submitted By: Julie Mader
Corresponding Filing Tracking Number:

Filing Description:

RE: Unum Life Insurance Company of America
NAIC #62235 FEIN 01-0278678
Stop Loss Insurance Disclosure Statement SL-DISC-1UA-19

Dear Commissioner:

Attached for your review and approval is an updated Stop Loss Insurance Disclosure Statement to be used with our Stop Loss policy which was previously approved by your department under SERFF tracking number UNUM-131026561.

Upon approval, this Stop Loss Insurance Disclosure Statement will replace the previous version also approved under the above SERFF tracking number.

Should you have any questions regarding this filing, please do not hesitate to contact me.

Sincerely,

Julie Mader
Compliance Consultant | Unum
(423) 294-2571
jamader@unum.com

Company and Contact

Filing Contact Information

Julie Mader, Compliance Manager jamader@unum.com
One Fountain Square 423-294-2571 [Phone]
Chattanooga, TN 37402

Company Tracking #: UA STOP LOSS - 2019
DISCLOSURE UPDATE

State: District of Columbia **Filing Company:** Unum Life Insurance Company of America
TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan
Product Name: STOP LOSS
Project Name/Number: STOP LOSS - 2019 DISCLOSURE UPDATE/

Filing Company Information

Unum Life Insurance Company of
America
2211 Congress Street
Portland, ME 04122
(207) 575-2211 ext. [Phone]

CoCode: 62235
Group Code: 565
Group Name:
FEIN Number: 01-0278678

State of Domicile: Maine
Company Type: L&H
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Unum Life Insurance Company of America
TOI/Sub-TOI:	H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan		
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Form Schedule

Lead Form Number: SL-DISC-1UA-19									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Stop Loss Ins Disclosure Statement	SL-DISC-1UA-19	POLA	Revised	Previous Filing Number:	UNUM-131026561		UA Stop Loss Ins Disclosure Statement (SL-DISC-1UA-19).pdf
						Replaced Form Number:	SL-DISC-1UA		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



Stop Loss Insurance Disclosure Statement
[Unum Life Insurance Company of America]
[2211 Congress Street • Portland, Maine 04122]

Name of Proposed Policyholder

HIPAA and PHI

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Policyholder as a part of "health care operations". We will use the information provided solely for the purpose of evaluating the acceptability of this risk and will not disclose any PHI collected except in performing this risk evaluation.

Use Of Disclosure Statement

The Company will rely upon the information provided on the attached disclosure form, which will become part of the Application for stop loss coverage. The purpose of the form is to allow the Company to take underwriting action on all known risks in the categories listed below. It is the Plan Sponsor's responsibility, either directly or through their designated TPA, to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, the Company will accept the liability for any truly unknown risks. The attached disclosure form must be completed and signed by the appropriate parties no more than [thirty (30)] days prior to the proposed Effective Date of stop loss coverage and received by the Company within five days of completion.

Upon receipt of the completed disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing within five days of any changes to the rates, factors or terms of coverage. The Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

If the Proposed Policyholder fails to disclose any risk known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the risk not disclosed.

Questionnaire

Either submit a claim report or list on the form below all Individuals known to:

Be currently disabled, confined to a Medical Facility, or have been pre-certified within the last three months.

Have received medical services during the current plan year the cost of which exceeds the lesser of, 50% of the lowest Specific Benefit Deductible applied for or \$50,000, and for which bills have been received by the designated TPA and entered into their claims system.

Have been identified as having the potential to exceed during the policy period, the lesser of, 50% of the lowest Specific Benefit Deductible applied for, or \$50,000.

Have been diagnosed, during the current plan year, with a condition represented by any of the ICD-10 codes contained in the attached list [and have also received medical services costing \$5,000 during the same period].

Full Name	Date Of Birth	Active; COBRA; Retiree; or Termed	Diagnosis / Prognosis (see below)	Most Recent Date of Service	Amount of Paid Claims This Plan Year

After Review, We hereby represent and warrant that the above list is complete and accurate and that nothing has been intentionally omitted. In addition, should [Unum Life Insurance Company of America] require additional medical information on any individual disclosed above, We agree to provide access to this information so that [Unum Life Insurance Company of America] may evaluate the risk and provide final terms. We also acknowledge that furnishing false written information concerning their insurance; or the suppression, withholding or misstating of material facts, or failure to return this required document within the specified time frame may result in the Stop Loss Policy being revised or in a rescission of the Policy, at the election of the carrier.

Authorized Proposed Policyholder Signature	Title	Date
Claims Administrator Signature	Title	Date
[Agent / Broker	Title	Date]

[ICD-10-CM Diagnosis Codes for Disclosure Notification]

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

A00-B99 Certain infectious and parasitic disease

A40 Streptococcal sepsis
A41 Other Sepsis
B15-B19 Viral hepatitis
B20 Human immunodeficiency virus [HIV] disease

C00-D49 Neoplasms

C00-C96 Malignant neoplasms
D46 Myelodysplastic syndromes

D50-D89 Diseases of the blood and blood-forming organs & disorders involving the immune mechanism

D57 Sickle-cell disorders
D59 Acquired hemolytic anemia
D60-D64 Aplastic and other anemias
D65-D69 Coagulation defects, purpura and other hemorrhagic conditions
D70-D77 Other diseases of blood and blood-forming organs
D80-D89 Certain disorders involving the immune mechanism

E00-E89 Endocrine, nutritional and metabolic diseases

E10-E13 Diabetes mellitus
E15-E16 Other disorders of glucose regulation and pancreatic internal secretion
E65-E68 Obesity and other hyperalimentation
E70-E89 Metabolic disorders

F01-F99 Mental, Behavioral and Neurodevelopmental disorders

F10.1 Alcohol Abuse
F11.1 Opioid Abuse
F20 Schizophrenia
F31 Bipolar Disorder
F32.3 Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3 Major Depressive Disorder, recurrent
F84.0 Autistic Disorder
F84.2 Rett's Syndrome
F84.5 Asperger's syndrome

G00-99 Diseases of the nervous system

G00 Bacterial Meningitis
G04 Encephalitis Myelitis and Encephalomyelitis.
G06-G07 Intracranial and intraspinal abscess and granuloma
G12 Spinal Muscular Atrophy and Related Syndromes
G12.0 Infantile Spinal Muscular Atrophy, Type 1 (Werdnig-Hoffman)

G00-99 Diseases of the nervous system (cont)

G12.1 Other Inherited Spinal Muscular Atrophy
G12.21 Amyotrophic Lateral Sclerosis
G12.25 Progressive Spinal Muscular Atrophy
G12.8 Other Spinal Muscular Atrophies and Related Syndromes
G12.9 Spinal Muscular Atrophy, Unspecified
G35 Multiple Sclerosis
G36 Other Acute Disseminated Demyelination
G37 Other Demyelinating disease of central nervous system
G82.5 Quadriplegia
G83.4 Cauda Equina Syndrome
G92 Toxic Encephalopathy
G93.1 Anoxic Brain Injury

I00-I99 Diseases of Circulatory System

I20 Angina Pectoris
I21.09-I22 Acute myocardial infarction
I24 Acute and Subacute Ischemic Heart Disease
I25 Chronic ischemic heart disease
I26 Pulmonary embolism
I27 Other pulmonary heart disease
I28 Other diseases of pulmonary vessels
I33 Acute & Subacute Endocarditis
I34-I38 Heart Valve Disorders
I42-I43 Cardiomyopathy
I44-I45 Conduction Disorders
I46 Cardiac Arrest
I47-I49 Cardiac Dysrhythmias
I50 Heart Failure
I60-I61 Subarachnoid Hemorrhage / Intracerebral Hemorrhage
I63 Cerebral infarction
I65.8-I66 Occlusion of Precerebral /Cerebral Arteries
I67 Other cerebrovascular disease
I70 Atherosclerosis / Aortic Aneurysm

J00-J99 Diseases of Respiratory System

J40-J44 Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89 Postinflammatory Pulmonary Fibrosis
J98.11-J98.4 Pulmonary Collapse / Respiratory Failure

K00-K95 Diseases of Digestive System

K22 Esophageal obstruction
K25-K28 Ulcers
K31 Other diseases of stomach & duodenum
K50 Crohn's disease
K51 Ulcerative colitis
K55-K64 Diseases of intestine
K65-K68 Diseases of peritoneum & retroperitoneum
K70-K77 Diseases of liver
K83 Diseases of biliary tract
K85-K86 Diseases of pancreatitis
K90-K95 Other diseases of digestive system/Complications of bariatric procedures

M00-M99 Diseases of Musculoskeletal System & Connective Tissue

M15-M19 Osteoarthritis
M32 Systemic lupus erythematosus
M34 Systemic sclerosis
M41 Scoliosis
M43 Spondylolysis
M50 Cervical disc disorders
M51 Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6 Necrotizing Fasciitis
M86 Osteomyelitis

N00-N99 Diseases of the Genitourinary System

N00-N01 Acute and Rapidly Progressive Nephritic Syndrome
N03 Chronic Nephritic Syndrome
N04 Nephrotic Syndrome
N05-N07 Nephritis and Nephropathy
N08 Glomerular Disorders classified elsewhere
N17 Acute Kidney Failure
N18 Chronic Kidney Disease (CKD)
N19 Renal Failure, Unspecified

O00-O9A Pregnancy, childbirth and the puerperium

O09 High Risk Pregnancy
O11 Pre-Existing Hypertension with Pre-Eclampsia
O14-O15 Pre-Eclampsia and Eclampsia
O30 Multiple Gestation
O31 Other complications specific to Multiple Gestations

P00-P96 Certain conditions originating in the perinatal period

P07 Disorders of newborn related to short gestation and low birth weight

P10- P15 Birth Trauma

P19 Fetal distress

P23-P28 Other respiratory conditions of newborn

P29 Cardiovascular disorders originating in the perinatal period

P36 Bacterial sepsis of newborn

P52-P53 Intracranial hemorrhage of newborn

P77 Necrotizing enterocolitis of newborn

P91 Other disturbances of cerebral status newborn

Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities

Q00-Q07 Congenital malformations of the nervous system

Q20- Q26 Congenital Cardiac malformations

Q41-Q45 Congenital Anomalies of Digestive system

Q85 Phakomatoses, not classified elsewhere

Q87 Congenital malformation syndromes affecting multiple systems

Q89 Other Congenital malformations

R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

R07.1-R07.9 Chest Pain

R40-R40.236 Coma

R57-R58 Shock, Hemorrhage

R65.2-R65.21 Severe sepsis

S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes

S02 Fracture of skull and facial bones

S06 Intracranial injury

S07 Crush injury to head

S08 Avulsion and traumatic amputation of part of head

S12-S13 Fracture and injuries of cervical vertebra and other parts of neck

S14.0-S14.15 Injury of nerves and spinal cord at neck level

S22.0 Fracture of thoracic vertebra

S24 Injury of nerves and spinal cord at thorax level

S25 Injury of blood vessels of thorax

S26 Injury of heart

S32.0-S32.2 Fracture of lumbar vertebra

S34 Injury of lumbar and sacral spinal cord and nerves

S35 Injury of blood vessels at abdomen, lower back and pelvis

S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes (cont)

S36-S37 Injury of intra-abdominal organs

S48 Traumatic amputation of shoulder and upper arm

S58 Traumatic amputation of elbow and forearm

S68.4-S68.7 Traumatic amputation of hand at wrist level

S78 Traumatic amputation of hip and thigh

S88 Traumatic amputation of lower leg

S98 Traumatic amputation of ankle and foot

T30-T32 Burns and corrosions of multiple body regions

T81.11-T81.12 Postprocedural cardiogenic and septic shock

T82 Complications of cardiac and vascular prosthetic devices, implants and grafts

T83-T85 Complications of prosthetic devices, implants and grafts

T86 Complications of transplanted organs and tissue

T87 Complications to reattachment and amputation

Z00-Z99 Factors Influencing Health Status and Contact with Health Services

Z37.5-Z37.6 Multiple births

Z38.3-Z38.8 Multiple births

Z48-Z48.298 Encounter for aftercare following organ transplant

Z49 Encounter for care involving renal dialysis

Z94 Transplanted organ and tissue status

Z95 Presence of cardiac and vascular implants and grafts

Z98.85 Transplanted organ removal status

Z99.1 Dependence on respirator

Z99.2 Dependence on dialysis]

SERFF Tracking #:	UNUM-132189507	State Tracking #:		Company Tracking #:	UA STOP LOSS - 2019 DISCLOSURE UPDATE
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Unum Life Insurance Company of America	%	%				%	%

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Supporting Document Schedules

Satisfied - Item:	STATEMENT OF VARIABILITY
Comments:	
Attachment(s):	2019 Disclosure Statement of Variability.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CERTIFICATE OF READABILITY
Comments:	
Attachment(s):	UA CERTIFICATE OF READABILITY.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Guaranty Association Notice
Comments:	
Attachment(s):	District of Columbia LH Guaranty Assoc_ Notice.pdf
Item Status:	
Status Date:	

Statement of Variability Stop Loss Disclosure Statement

Any modifications will be made within the confines of the law of the governing jurisdiction.

- The bracketed company name and addresses throughout the disclosure statement may be revised as necessary.
- Our company logo may be included, omitted, or modified.
- The riders and endorsements page size may vary. The font, the font size and the font style for any provision may vary but not below the minimum requirements.
- Bracketed text may be included or omitted.
- The bracketed [thirty (30)] in the first paragraph under “Use of Disclosure Statement” may reflect a range of 1-180 days. Measurements of time such as days, weeks or months can be used interchangeably.
- ICD-10-CM Diagnosis Codes may be omitted, or additional ICD-10-CM Diagnosis Codes may be included.

Unum Life Insurance Company of America

CERTIFICATE OF READABILITY

The form listed below meets the objective standards of the Policy Language and Simplification Act or the Easy to Read Life and Health Insurance Act, whichever is applicable.

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Stop Loss Disclosure Statement	SL-DISC-1UA-19	47.2



Signed by: _____
Name: Michelle J. LaFond
Title: Chief Regulatory Counsel

Date: December 12, 2019

SUMMARY OF GENERAL PURPOSES, COVERAGE LIMITATIONS AND CONSUMER PROTECTION

General Purposes

Residents of the District of Columbia should know that licensed insurers who sell health insurance, life insurance, and annuities in the District of Columbia are members of the District of Columbia Life and Health Insurance Guaranty Association ("Guaranty Association").

The purpose of the Guaranty Association is to provide statutorily-determined benefits associated with covered policies and contracts in the unlikely event that a member insurer is unable to meet its financial obligations and is found by a court of law to be insolvent. When a member insurer is found by a court to be insolvent, the Guaranty Association will assess the other member insurers to satisfy the benefits associated with any outstanding covered claims of persons residing in the District of Columbia. However, the protection provided through the Guaranty Association is subjected to certain statutory limits explained under "Coverage Limitations" section, below. In some cases, the Guaranty Association may facilitate the reassignment of policies or contracts to other licensed insurance companies to keep the coverage in-force, with no change in contractual rights or benefits.

Coverage

The Guaranty Association, established pursuant to the Life and Health Guaranty Association Act of 1992 ("Act"), effective July 22, 1992 (D.C. Law 9-129; D.C. Official Code § 31-5401 *et seq.*), provides insolvency protection for certain types of insurance policies and contracts.

The insolvency protections provided by the Guaranty Association is generally conditioned on a person being 1) a resident of the District of Columbia and 2) the individual insured or owner under a health insurance, life insurance, or annuity contract issued by a member insurer, or insured under a group policy insurance contract issued by a member insurer. Beneficiaries, payees, or assignees of District insureds are also covered under the Act, even if they reside in another state.

Coverage Limitations

The Act also limits the amount the Guaranty Association is obligated to pay. The benefits for which the Guaranty Association may become liable shall be limited to the lesser of:

- The contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or
- With respect to any one life, regardless of the number of policies, contracts, or certificates:
 - \$300,000 in life insurance death benefits for any one life; including net cash surrender or net cash withdrawal values;
 - \$300,000 in the present value of annuity benefits, including net cash surrender or net cash withdrawal values;
 - \$300,000 in the present value of structured settlement annuity benefits, including net cash surrender or net cash withdrawal values;
 - \$300,000 for long-term care insurance benefits;
 - \$300,000 for disability insurance benefits;
 - \$500,000 for basic hospital, medical, and surgical insurance, or major medical insurance benefits;
 - \$100,000 for coverage not defined as disability insurance or basic hospital, medical and surgical insurance or major medical insurance or long term care insurance including any net cash surrender and net cash withdrawal values.

In no event is the Guaranty Association liable for more than \$300,000 in benefits with respect to any one life (\$500,000 in the event of basic hospital, medical and surgical insurance or major medical insurance).

Additionally, the Guaranty Association is not obligated to cover more than \$5,000,000 for multiple non-group policies of life insurance with one owner of regardless of the number of policies owned.

Exclusions Examples

Policy or contract holders are not protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was domiciled in a state whose guaranty association law protects insureds that live outside of that state);
- Their insurer was not authorized to do business in the District of Columbia; or
- Their policy was issued by a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, a non-profit hospital or medical service organization, a health maintenance organization, or a risk retention group.

The Guaranty Association also does not cover:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Any plan or program of an employer or association that provides life, health, or annuity benefits to its employees or members and is self-funded;
- Interest rate guarantees which exceed certain statutory limitations;
- Dividends, experience rating credits or fees for services in connection with a policy;
- Credits given in connection with the administration of a policy by a group contract holder; or
- Unallocated annuity contracts.

Consumer Protection

To learn more about the above referenced protections, please visit the Guaranty Association's website at www.dclifega.org. Additional questions may be directed to the District of Columbia Department of Insurance, Securities and Banking (DISB) and they will respond to questions not specifically addressed in this disclosure document.

Policy or contract holders with additional questions may contact either:

**District of Columbia
Department of Insurance, Securities
and Banking
1050 First Street, NE
Suite #801
Washington, DC 20002
(202) 727-8000**

**District of Columbia
Life and Health Guaranty
Association
1200 G Street, N.W.
Washington, DC 20005
(202) 434-8771**

Pursuant to the Act (D.C. Official Code § 31-5416), insurers are required to provide notice to policy and contract holders of the existence of the Guaranty Association and the amounts of coverage provided under the Act. Your insurer and agent are prohibited by law from using the existence of the Guaranty Association and the protection it provides to market insurance products. You should not rely on the insolvency protection provided under the Act when selecting an insurer or insurance product. If you have obtained this document from an agent in connection with the purchase of a policy or contract, you should be aware that such delivery does not guarantee that the Guaranty Association would cover your policy or contract. Any determination of whether a policy or contract will be covered will be determined solely by the coverage provisions of the Act.

This disclosure is intended to summarize the general purpose of the Act and does not address all the provisions of the Act. Moreover, the disclosure is not intended and should not be relied upon to alter any rights established in any policy or contract or under the Act.